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Hospital Costs Promote Home-Care Program

There are too many people who do not require this expensive type of care. To overcome the problem, the time will come when more and more ill persons will be cared for in the home. Some institutions and organizations have started the ball rolling by extending hospital care into the home.



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IN THE FUTURE, when Mrs. X. gets sick, a physician will determine whether she can be treated at home or in the hospital. If the decision is home care, he will prescribe the medication and then his team will take over.

This means a visiting nurse calls on Mrs. X at least twice a day to administer the medicines and give routine nursing care.

A crew of cleaning women enter the home daily to do their job.

A truck stops three times a day to deliver the food required by the patient and family. These meals are prepared in advance and served in much the same way as for air line passengers.

This is only a suggestion.

Home care as it exists today varies from the simple provision of a visiting nurse service to a complex of coordinated services concerned with all the medical and social needs of the patient.

The majority utilize a home base of operations to implement and coordinate the program.

Some, for example, are run through public health agencies; others are hospital based or part of the Home-maker service.

THERE IS much to say about the hospital based concept because it is able to offer a more integrated and coordinated service. It also provides an excellent liaison between the patient and the physician.

All the facilities of the hospital are available, including laboratory work and X-rays.

Some of the present programs are limited to the indigent, whereas others serve only the chronically ill, those with specific diseases such as tuberculosis, or certain age groups such as children and the elderly.

HOME CARE IS ideal for the aged with a chronic illness; these men and women appreciate being with their loved ones in familiar surroundings.

